

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90179 006 ***150.00

DOCUMENT # F97000003574

1. Entity Name
STRATEGIC PERFORMANCE FUND-II, INC.



Principal Place of Business
**8 CAMPUS DRIVE., 4TH FLOOR
PARSIPPANY, NJ 07054**

Mailing Address
**8 CAMPUS DRIVE., 4TH FLOOR
PARSIPPANY, NJ 07054**

60036945



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3497330

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ~~PRATT, ROGER S.~~ Allen Smith
STREET ADDRESS 8 CAMPUS DRIVE., 4TH FLOOR
CITY-ST-ZIP PARSIIPPANY, NJ 07054

TITLE VP
NAME MULFORD, JOANNA
STREET ADDRESS 8 CAMPUS DRIVE, 4TH FLOOR
CITY-ST-ZIP PARSIIPPANY, NJ 07054

TITLE VT
NAME FLANAGAN COYLE, BERNADETTE
STREET ADDRESS 8 CAMPUS DRIVE., 4TH FLOOR
CITY-ST-ZIP PARSIIPPANY, NJ 07054

TITLE VP
NAME ~~GREEN, ALLEN~~ Francis Reilly
STREET ADDRESS 8 CAMPUS DRIVE, 4TH FLOOR
CITY-ST-ZIP PARSIIPPANY, NJ 07054

TITLE AS
NAME HAYDEN, JOAN N
STREET ADDRESS 8 CAMPUS DRIVE, 4TH FLOOR
CITY-ST-ZIP PARSIIPPANY, NJ 07054

TITLE AT
NAME CALELLO, JOSEPH
STREET ADDRESS 8 CAMPUS DRIVE., 4TH FLOOR
CITY-ST-ZIP PARSIIPPANY, NJ 07054

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Francis J. Reilly, Jr.
Vice President

4-24-06

978-734-1476